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Aging
Final recommendations.

1967



ONTARIO


LEGISLATIVE ASSEMBLY

[Committee]

FINAL RECOMMENDATIONS
of the
SELECT COMMITTEE
on
AGING

1967

5th Session, 27th Legislature, 15-16 Elizabeth II



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LAWRENCE CRAWFORD - CONSULTANT



ONTARIO

Legislative Assembly

SELECT COMMITTEE ON AGING

1964-1967

*The Honourable Members
of the
Legislative Assembly
Province of Ontario:*

FINAL RECOMMENDATIONS
tabled during the
FIFTH SESSION
of the
TWENTY-SEVENTH LEGISLATURE

PARLIAMENT BUILDINGS, TORONTO 5, ONTARIO, CANADA

The complete text of our Select Committee's report was not available for inclusion with these Final Recommendations which we wished to present to the House early in the Session.

ALEX CARRUTHERS, M.P.P.
Chairman.

February, 1967.

Introduction

Recent years have witnessed a veritable Niagara of publications in the complex field of aging. We intend to add to this flood-tide only the distillation of our findings. During Public Hearings, travels to all regions of Ontario, to five other Canadian provinces and important sections of the United States, and in requesting research documentation, we have apparently acted more often than not as a catalytic agent.

In addition to receiving some 75 major submissions in Queen's Park, the Select Committee heard numerous other petitions in visits across Ontario, particularly the Northland. And, as Appendix C reveals, Members and Staff made 180 major visits to various facilities and other meetings. Of these, 140 were to clubs, housing projects, homes and hospitals, two-thirds of them in the Province of Ontario.

The Select Committee's findings are thus of an applied nature. Our Recommendations in the main concern the Province of Ontario, yet are closely related to many similar developments across North America. Meetings in Washington, D.C., gave us an opportunity to study those developments which grew out of the first White House Conference on Aging, 1961. The work of the Special Committee on Aging, United States Senate, reflects a continuous legislative and public affairs forum; the establishment of HEW's Administration on Aging, was a decisive co-ordinating and grant-disbursing U.S. federal move which we saw translated into co-operative action at the state level in New York, New Jersey and California.

In Canada the parallel efforts of the Special Committee of the Senate on Aging awakened interest from coast to coast with a powerful assist from the Canadian Conference on Aging, January, 1966. Excellent Reports from that Conference have been issued by the Canadian Welfare Council.¹ Again we found evidence in the sequel of the Conference on visits to other provinces. And it was our pleasure while attending an annual convention of the Ontario Association of Homes for the Aged in London, to meet with Senator the Hon. David Croll and discuss the conclusions of his Senate Committee's report together with future federal-provincial activities as we envisaged them.

In our own Province the Ontario Welfare Council, through its Section on Aging, has built upon earlier efforts of the former Ontario Society on Aging. OWC encourages interest in, among numerous other aspects, professional education for workers with the aged.² With Select Committee co-sponsorship, the Departments of University Affairs and of Public Welfare, the Ontario Geriatrics Research Society and the Council organized a special conference.³ We have yet to see the final outcome of these efforts.

¹(a) *Proceedings, The Canadian Conference on Aging.* Canadian Welfare Council, 55 Parkdale Avenue, Ottawa 3, Canada. November, 1966;

(b) *The Aging in Canada 1966:* A consolidation of suggestions from the Canadian Conference on Aging and selected recommendations of the Special Committee of the Senate on Aging prepared by the Committee on Aging, Canadian Welfare Council, Ottawa. August, 1966.

²*Survey of Education Related to Aging Offered in Professional Schools in Ontario,* Ontario Welfare Council, 96 Bloor Street West, Toronto, Ontario. May, 1964.

³*Proceedings, Conference on University Education Related to Aging and the Teaching of Professional Skills in the Field of Gerontology,* Osler Hall, Academy of Medicine, March, 1965. (eds. C. W. Harris and L. Crawford.) Ontario Department of Public Welfare, Parliament Buildings, Toronto. October, 1965.

The Section on Aging of the Ontario Welfare Council is evidently providing more community leadership in this important field. We hope to see the Council expand its operations independently of government and in close association with groups such as the Ontario Public Health Association, the Ontario Division, Canadian Mental Health Association, etc. Fragmentation of effort in the voluntary agencies is as much to be avoided as in government, although our major Recommendations for co-ordination must of necessity be directed at the public service.

In proposing an Ontario Institute on Aging, we would emphasize that the precedent exists in several Crown corporations. Yet important as any one specific field of research and treatment may be, the fact remains that *aging* is of the most universal concern. Improvements in geriatric medicine and the social well-being of the aged will benefit today's elderly persons, *and everyone of us tomorrow*. Any Institute, our Select Committee would stress, must be inter-disciplinary and embrace not only the clinical and basic sciences but those most aptly termed behavioural.

The seminal work of the Minister of Public Welfare's Advisory Committee on Geriatric Studies, the progressive efforts of the Ontario Geriatrics Research Society, the proven record of the Geriatric Ward of the Toronto Western Hospital and the remarkable Longitudinal Study of Aging which is now being continued through the Office on Aging—all of these provide sufficient groundwork for a well-launched program for the proposed Institute.

Other Recommendations are of an immediately practical nature and most, though not all, call for additional expenditures at the senior government level. Housing is one area in which obvious needs exist on the part of the aged. Social security programs must be geared to constantly escalating costs. Adequate funds are an important mainstay for many older persons. At the same time increased community-level care services are needed. Each added service, however small, can serve to keep the well-aged living independently in their own neighbourhoods. Health care facilities must be so planned and operated that no "grey area" remains and that the appropriate form of care is available to every aged person in Ontario at the right time. Sociomedical counselling and referral are essential for both the well-aged and those more urgently in need of some measure of supportive service.

Essentially our Recommendations provide what the Select Committee consider to be administrative ingredients for improved and co-ordinated services. The combined efforts of health and welfare authorities can do much to turn the *problems* of old age into *potentialities*. Implicit in all forty-four Recommendations is the continuous involvement of older men and women themselves.

This Report is based on many briefs and discussions, on many earlier reports to which we refer only in passing. The field is wide for many more studies and reports. Our Recommendations are therefore final only in the sense that our work as an *ad hoc* Committee of the Legislature is now complete. That work must be continued by other more permanent agencies. For that reason too we wish to see an objective evaluation of the administrative machinery again made by 1969.

Co-ordination

Present-day services at every level may often be overlooked, misdirected or allowed to achieve only a fraction of their potential through lack of co-ordination. All of our inquiries have convinced us that the *ad hoc*, piecemeal approach is no longer sufficient—if it ever was—and completely unjustified.

WE THEREFORE RECOMMEND :

1. (a) THAT the Office on Aging, established largely through our efforts by the then Minister of Public Welfare in 1966, be the principal co-ordinating agency in the Province and that it serve as the Secretariat for all other committees and institutes in the field of aging;
- (b) THAT the Office on Aging be provided with sufficient funds and staff to carry out its responsibilities effectively, and be given the widest possible powers with the proposed Institute serving as its research arm (refer Recommendation 5);
- (c) THAT the Office on Aging, with the aid of the advisory committees referred to in Recommendation 2, be charged with setting up technical groups to determine exact methods of proceeding with our other Recommendations, immediately following prorogation of the Fifth Session of our Twenty-seventh Legislature; and
- (d) THAT the Province review the achievements, structure, organization, and financing of the Office on Aging or any successor thereof in two years; i.e., 1969.
2. (a) THAT any Interdepartmental and/or Advisory Committees on Aging include senior representatives from the departments of Health (Ontario Council of Health, Ontario Hospital Services Commission), University Affairs, Treasury (Pension Commission of Ontario), Education (Community Programs Branch), Public Welfare (Office on Aging), Agriculture, Labour (Ontario Human Rights Commission), the Ontario Housing Corporation, the Civil Service Commission of Ontario, and such other departments or agencies as may be concerned;
- (b) THAT, while the Director of the Office on Aging serve as Chairman of the Interdepartmental Committee, the Deputy Ministers responsible shall meet at least once a year and submit, through their respective Ministers, a report to the Cabinet; and
- (c) THAT the Deputy Ministers assisted by senior representatives from the universities, professional associations within the Province and at least one representative of a major international organization in the field of aging, make the evaluation mentioned in Recommendation 1 (d).

3. THAT the Province, through the Office on Aging and, if necessary, through increased grants to the Ontario Welfare Council (section on aging), assist all regional, county and other local jurisdictions to establish and operate community councils on aging for the better planning and co-ordination of services to the aged.
4. (a) THAT the Province maintain the closest possible liaison with whatever comparable bodies are established at the federal level in this field and in keeping with the constitutional rights and responsibilities of provincial governments;
- (b) THAT the Province be officially represented on, and give all possible support and leadership to, a national voluntary council or commission on aging, or a specific division on aging in the Canadian Welfare Council, in which recognized medical, public health, religious, educational, social science, labour-management, and other groups from the several provinces are represented;
- (c) THAT the Province maintain a closer liaison with other Provinces in Canada and with international organizations active in the field of aging; and
- (d) THAT the Province officially prepare for and act as host to the Gerontological Society which will hold its first meeting in Canada in 1970.¹

¹The Society's 23rd Annual Meeting, Royal York Hotel, Toronto, October 21-24, 1970.

Research and Specialized Education

The Select Committee Members have been impressed not only by the vast outpouring of data in recent years in the field of gerontology, but also by the many subjects and questions concerning which little or no research has been done. This we recognize to be an international matter, but nevertheless consider that major contributions can be made in Ontario and the other Canadian provinces.

Moreover, little progress can be expected at this stage without trained personnel to staff the various programs. And an increased focus on aging is evidently needed in the curricula for many groups.

WE THEREFORE RECOMMEND:

5. (a) THAT an Ontario Institute on Aging—for both geriatrics and gerontology, including all the varied disciplines interested in that latter field— be established as a separate Crown corporation;
- (b) THAT the Institute be financed from voluntary and foundation support which may be solicited and distributed by the Institute, with further assistance from general revenues appropriated for that purpose by the Legislative Assembly under the Office on Aging vote;
- (c) THAT the Institute have an independent Board of Governors, with appointees to be representative of the various interested sections of the community, including academic, professional, business, labour and other groups;
- (d) THAT the Institute be officially affiliated with the several universities and colleges throughout the Province in order to facilitate research and teaching in various subject areas on the different campuses; and
- (e) THAT the Institute maintain and provide a comprehensive reference library service with modern information retrieval and document duplicating facilities to assist professional workers across the Province, with the J. W. Crane Memorial Library of Geriatrics and Gerontology forming the nucleus thereof.
6. (a) THAT the Province increase its share or total allocation of research grants to specialists and institutions in the field of aging, with earmarked funds being appropriated under the Office on Aging vote for the Institute to disburse in the form of grants for projects and fellowships;
- (b) THAT co-ordination of planning through the Office on Aging and the work of the Institute not be allowed to stifle other independent studies in the several universities and specialized centres;
- (c) THAT every field of human knowledge be considered; and

- (d) THAT federal grants (from the Medical Research Council, under the National Health Grants and National Welfare Grants programs, for example) be more fully utilized for such research in the Province.
7. (a) THAT the Province encourage the establishment at the federal level of a comprehensive research division, or at least the improvement of such services within the several departments, including the Dominion Bureau of Statistics;
- (b) THAT the Province encourage and assist in the development within any national agency (refer Recommendation 4(b)) of a clearing house for information and the publication of various bulletins including bibliographic references; and
- (c) THAT the Province support the idea of other provincial or regional centres for aging studies comparable to the Ontario Institute.
8. (a) THAT the Province recognize the dire need for suitably trained personnel to serve the varied interests of the aged and, through the Office on Aging, co-ordinate manpower surveys on present and future requirements as well as accelerated training programs at every level for such personnel;
- (b) THAT the Office on Aging work in close co-operation with the Institute, the Ontario Council of Health, the Department of University Affairs and the several institutions of higher learning and professional associations involved, to secure necessary personnel and enhance their educational opportunities; and
- (c) THAT the Province seek to enlist the services of older professional workers and academicians in research and training.
- Mr Trotter, seconded by Messrs. Davison, Racine and Worton, dissented, and moved—*
- (d) THAT the Select Committee urge that the scale of wages paid to personnel employed in various care facilities be raised to a level more in line with the present cost of living.
9. THAT in one specific area, namely, the training of adjuvants¹ for homes for the aged, the present course be evaluated and both the training and placement of adjuvants be extended and made available to more care facilities for older incapacitated men and women.
10. (a) THAT in another specific area, namely, the training of local directors or administrators of homes for the aged, the Department of Public Welfare establish and operate (or enter into an agreement with a municipality to operate) a model home for the aged to be used as a teaching home (in conjunction with lecture series such as those offered by Ryerson Institute, Toronto, and McMaster University, Hamilton); and

¹"Adjuvants" at present are nursing assistants from the homes for the aged who undergo a special training course at the Provincial Geriatric Study Centre, c/o 350 Christie Street, Toronto. The term implies the promotion of increased communications especially with older post-stroke victims.

- (b) THAT the teaching home, or the training centre attached thereto, be named in recognition of Mr. L. Earl Ludlow, former director of the homes for the aged program in the Province, and Honorary President of the Ontario Association of Homes for the Aged.
11. THAT in the field of statistics the Office on Aging, in co-operation with the Office of the Chief Economist, the Research and Planning Branch of the Department of Health and other similar agencies, be required to issue annual statements on the number, location, health, income, labour force, family, housing, recreation and related conditions of the aged together with projections of future growth and developments.

Economic Measures

Notwithstanding Federal and Provincial proposals under the *Old Age Security Act*, the *Canada Assistance Plan*, *The Family Benefits Act* and similar legislation, the Select Committee have found indications of growing need on the part of many older persons due to constant increases in the overall cost of living.

WE THEREFORE RECOMMEND :

12. (a) THAT the Province, in keeping with recommendations of the Special Committee of the Senate on Aging, urge the federal authorities to establish "a technically competent body to study the income needs of older people and to develop a socially acceptable minimum budget for single persons and couples, which would be adjusted automatically each year on the basis of a suitable index of consumer spending or of earnings, with a review every five years to reflect changes in the relative circumstances of the working population and the retired population"¹;
- (b) THAT the Office on Aging set up a similar working group to determine the budgetary requirements of older persons across Ontario and report these findings by January 1, 1968;
- (c) THAT, since the determination of adequate budgetary minimums may take considerable time and since the federal government's Guaranteed Income Supplement to the Old Age Security pension applies at present only to persons 68 and over, the Province undertake:
 - (i) to provide payments which will ensure that no person 65 and over receives an income of less than \$105 per month, and
 - (ii) to provide supplementary payments to persons over 65, whose needs, as determined by a welfare officer, exceed \$105 per month;
- (d) THAT all additional supplements (such as those at present granted under *The General Welfare Assistance Act*) be handled entirely by the Province, not the municipalities; and
- (e) THAT all economic maintenance programs be based on a needs test rather than a means test, and be on a budgetary basis.

¹*Final Report*, The Senate, Canada, 1st Session, 27th Parliament, 14-15 Elizabeth II, 1966. Ottawa. Page 18.

Housing

We believe that older people, like those of any age, require many types of housing: from high-rise apartments to single-family, detached homes. Those aged persons who can—and they are in the majority—should be enabled through a variety of measures to live independently in their own quarters. For others, graduated levels of care and accommodation may be necessary. A key factor is the availability of low-cost housing planned for the aged.

WE THEREFORE RECOMMEND:

13. (a) THAT, in view of the extensive waiting lists for senior citizens' housing in a great many communities and census figures which showed that one-third of elderly families and one-half of elderly single people are experiencing difficulty in achieving good housing at reasonable costs,¹ the Ontario Housing Corporation should take advantage of the current slack in house building activity and institute a crash program of construction of senior citizens' housing with the objective of eliminating waiting lists entirely by 1970. This will meet an urgent social need and contribute to economic growth by stimulating a depressed sector of the economy;
- (b) THAT the Ontario Housing Corporation, in compliance with Recommendation 11, prepare estimates of present and future housing needs of the aged throughout the Province, conducting regional surveys for that purpose; and
- (c) THAT the Province publicize the need for such housing and urge local authorities to participate fully in these programs.
14. (a) THAT the Province urge the federal authorities (under the *National Housing Act*) to lend every support to the development of a housing program specifically for the aged and permit the Ontario Housing Corporation greater discretion in the planning and location of all projects;
- (b) THAT the Province review all the terms of financing and grants-in-aid for housing projects to make it possible for more municipalities and local groups to sponsor such developments for the aged; and
- (c) THAT in order to avoid the segregation of senior citizens who do not require specialized facilities and to speed up the provision of apartments at subsidized rents for senior citizens, the Ontario Housing Corporation be authorized:
 - (i) to acquire existing apartment buildings, or take long-term leases on up to 10 per cent of bachelor and one-bedroom apartments in privately owned apartment buildings, in areas where senior citizens' housing is needed and make these units available at subsidized rents to elderly persons; and

¹*Good Housing for Canadians: A study by the Ontario Association of Housing Authorities. 1964.*

- (ii) to build small senior citizens' units (duplexes, fourplexes, etc.) on vacant and odd-sized lots scattered through communities;

and urge the federal government to recognize both types of accommodation for full sharing of costs and subsidies.

15. (a) THAT public housing for the aged be of various types, but that large-scale projects be tempered by the proportional provision of social and recreational areas as well as other amenities such as common dining areas or cafeterias, health centres, etc.; and
(b) THAT the relationship of public housing to other forms of specialized accommodation (such as homes for the aged) be continuously studied.
16. THAT the Office on Aging set up a permanent working group to review design standards specifically for the aged, as well as the matter of integration versus segregation of elderly persons' housing projects, including in its membership architects and a sociologist.
17. THAT the Province make it mandatory in all public housing projects, approved by the Ontario Housing Corporation, that elderly tenants have the right to keep their units whenever they require short-term hospital care.
18. THAT the Province enact legislation amending *The Assessment Act* so that local municipal councils who wish to do so, may by by-law authorize and direct credits, rebates and reductions in residential real property taxes up to \$150 *per annum* for persons 60 years of age and over.
19. THAT the Office on Aging in conjunction with other groups review additional non-financial aid to elderly homeowners for the repair and maintenance of their own quarters in order that more aged persons may remain in their own homes as long as possible (e.g., boys' groups in a local community to clean gutters, repair steps, put up and remove storm windows, clean furnaces, etc.).

Mr. Davison dissented, and moved—

19. THAT the Province make grants available to enable elderly homeowners to carry out necessary repairs and maintenance work to prevent deterioration of neighbourhoods in which senior citizens live and to enable them to continue to occupy their own homes.

Care Facilities

In our view only a minority of the aged require long-term care—ranging from domiciliary care to acute treatment facilities. Yet another segment of the aged population may require short-term institutional care from time to time. For both of these groups every effort must be made to assure their well-being and, of equal importance, ease of transfer between different levels of care as and when these are required. The provision of adequate facilities in many more areas of the Province also deserves continuous attention.

WE THEREFORE RECOMMEND :

20. THAT the Office on Aging review the success to date and future development of a program of care institutions which are divided between domiciliary and hospital types, and the relationship of all these care institutions one to another as well as to home care, housing projects and community services for the aged.
21. THAT studies of requirements in each region of Ontario for general, chronic, and convalescent beds be continued or initiated, particularly as the beds may be judged medically necessary for aged persons, because, in our opinion, the present formula is still not satisfactory and should permit of greater flexibility.
22. THAT, since there is insufficient data available, studies be initiated of requirements in each region of Ontario for domiciliary, sheltered and foster home care for aged persons.
23. THAT due to the serious financial problem we have found of elderly persons who need post-hospital extended care (unable to return to their own homes) and who are not at that stage covered under the Hospital Insurance Plan, the Province should —
 - (i) immediately extend Ontario hospital insurance coverage to assist aged persons to be cared for either in hospitals or in approved nursing and convalescent homes until they can be returned to their own homes or be transferred to a home for the aged, and
 - (ii) urge the federal authority to amend the *Hospital Insurance and Diagnostic Services Act* to permit extended coverage for a greater variety of short- and long-term care needs.
24. (a) THAT all provisions of *The Nursing Homes Act* be reviewed within two years to determine the contribution and place of proprietary nursing homes in the over-all care field; and all regulation standards and licensing provisions be improved, if necessary, for the well-being of nursing home patients and residents;
- (b) THAT complete enforcement of uniform standards under *The Nursing Homes Act* be required by the end of 1968 in every area of the Province; and

- (c) THAT proprietary nursing homes be required to provide the same rehabilitation and reactivational services that public care institutions are required to provide.
- 25. (a) THAT the present program of rehabilitation and reactivation in hospitals, homes for the aged and charitable institutions be strengthened with the services of physiotherapists, occupational and speech therapists and adjuvants being made more widely available; and
- (b) THAT increased training grants be given for the specialized training of these workers to serve aged patients.
- 26. THAT the intended aim of *The Homes for the Aged and Rest Homes Act* be adhered to, with community rest homes being kept reasonably home-like with special attention as to location being paid to the needs of smaller towns and villages.
- 27. (a) THAT the provision of foster home care under *The Homes for the Aged and Rest Homes Act* be extended in similar fashion to *The Charitable Institutions Act* so that voluntary homes may place older residents in private family dwellings, and this feature be made mandatory for all municipal homes; and
- (b) THAT the rates payable for special home care (foster home care) be increased by the Province to allow local authorities to make greater use of private family dwellings for older people who would be happier in such settings.
- 28. (a) THAT in view of the increased costs of land, labour and construction material, all Provincial capital grants for care facilities constructed, owned and operated by municipalities and charitable organizations be increased to 75 per cent of the approved costs thereof, with no Provincial grant at this stage to be lower than \$5,000 a bed;
- (b) THAT the Office on Aging set up a working group to determine the most equitable way to increase operating and maintenance grants (including the question of allowing interest on capital debt and normal depreciation as well as establishing more current *per diem* costs) and provide identical grants to charitable institutions and municipal homes in order that they may render more effective service; and
- (c) THAT the same working group, in line with Recommendation 20, consider the question of certain bed-care facilities being more appropriately financed and built under the hospital construction program.
- 29. (a) THAT all hospitals of sufficient size which warrant it, have a geriatric ward as well as a geriatric section in the out-patient department, with special capital grants-in-aid and demonstration grants available to assist in their establishment and initial operation and
- (b) THAT all elderly persons, including residents in other care facilities, have admission priorities for the geriatric wards when they require in-hospital treatment.

Other Health Care Matters

This Select Committee recognizes the World Health Organization's definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The Members also recognize that there exist with the very old as with persons of every age, degrees of good or poor health. To maintain optimum levels of health for every group,

WE THEREFORE RECOMMEND :

30. (a) THAT over and above the geriatric sections in hospital out-patient departments, geriatric clinics be established through whatever local agency is most appropriate—public health units or departments, physicians' group practices or voluntary medical clinics in community facilities (including elderly persons' centres);
- (b) THAT such clinics be for examinations, consultations and counselling but not for treatment: necessary referrals being made to private practitioners or the geriatric sections of hospital out-patient departments; and
- (c) THAT whenever a non-profit organization establishes such a clinic the Province bear the capital and operating costs, provided the geriatric clinic maintains such standards of care as may be set by the Province, and the Province urge the federal government to pay at least 50 per cent of such costs.
31. (a) THAT multiple screening techniques be employed whenever possible and the data carefully evaluated, not only individually but en masse, with findings shared with the Office on Aging, the Research and Planning Branch of the Department of Health, and other medical groups; and
- (b) THAT the Province make regular grants-in-aid for such periodic examinations and ongoing health counselling services to all local agencies which conduct them.

Mr. Trotter, seconded by Messrs. Davison, Racine and Worton, dissented, and moved—
- (b) THAT the Province accept direct responsibility for multiple screening and other preventive services such as health counselling; and
- (c) THAT the Province commence in the immediate future to establish facilities for multiple screening of all the people of Ontario and to establish health counselling services throughout Ontario using local agencies whenever possible, with the Province bearing the entire capital and operating costs and urging the federal government to pay at least 50 per cent of such costs.
32. (a) THAT whenever any person 60 years of age and over, who is receiving assistance under the Ontario Medical Services Insurance Plan, is found upon examination at an approved geriatric clinic, or in the event no local geriatric clinic exists, on examination by a qualified medical or dental practitioner, to require prescription drugs, hearing

aids, podiatric, dental and optical services (including repairs to dentures and eye glasses) and where these are not otherwise provided for, the necessary costs be met under OMSIP or any successor thereof; and

- (b) THAT whenever any person 60 years or over is found upon examination at an approved geriatric clinic to be suffering from any nutritional deficiency, immediate referral shall be made to other community agencies.
33. (a) THAT the examinations in geriatric clinics include audiometric examinations and referrals to qualified physicians; and
- (b) THAT all hearing aid companies, salesmen and promotional activities be licensed and controlled in order to prevent the loss of money and self-esteem many deaf or hard-of-hearing older people suffer.
34. (a) THAT municipalities and non-profit organizations be encouraged to avail themselves of Government support to develop a complex of services including both hospital-based and community-based home care programs, visiting nurses, and visiting homemakers, services;
- (b) THAT the Province take immediate steps to increase its share of the costs of municipalities for such services, make allowances for periodic increases in the costs, and continue to support the activities of the Ontario Divisions of the Victorian Order of Nurses and Red Cross, for example; and
 - (c) THAT payment for home care services be based on a sliding scale of income and assets because the Select Committee are concerned at the number of persons with border-line incomes who should receive partial aid.
35. THAT a special attempt be made to extend home care and other health services to rural areas of the Province.
36. THAT the Office on Aging, in co-operation with other agencies, organize regional conferences and seminars so that all professional workers are stimulated to see the sociomedical value of "Meals-on-Wheels", Laundry Service, Friendly Visiting and "Telephone Chains".
37. THAT health and welfare authorities work together and, while retaining their respective responsibilities, review their roles and recognize that in many of these so-called health care areas both public health and social welfare are of equal importance; that the problems of aged persons as they see them are but two sides of the same coin.

Community Services

This is undoubtedly the most extensive area of interest to all specialists and older persons' organizations. The active participation of local communities and the aged themselves is the key to any successful program. We on this Select Committee appreciate the wide range of services already available in Ontario, but deplore the lack of information on the part of too many persons. We must also emphasize that there is room for improvement and increased co-ordination.

WE THEREFORE RECOMMEND :

38. (a) THAT the Province, through the Office on Aging, every other department or agency of government concerned, and all major associations and community organizations, sponsor Province-wide and regional conferences to stimulate awareness of the needs and resources in this field;
 - (b) THAT the Office on Aging employ at least four social workers with training in community organization to visit the various sections of the Province and lend all possible assistance;
 - (c) THAT the Province make grants-in-aid for the establishment of information and referral services for the aged in every community, using available community welfare councils, regional welfare offices, health departments or units, and other appropriate agencies;
 - (d) THAT the Office on Aging and community groups advertise all available services for the aged from time to time in area newspapers, on local radio and television stations; and
 - (e) THAT the Province request the federal authorities periodically to include, with cheques mailed to Old Age Security pensioners and retired beneficiaries or older widows under the Canada Pension Plan, information inserts regarding available services for the aged in Ontario.
39. (a) THAT community services whether municipal or voluntary should be encouraged by the Province and should provide for counselling on a variety of subjects: preparation for retirement, emotional and family problems, legal and financial matters;
 - (b) THAT community councils on aging maintain close liaison with Law Societies, area directors for legal aid and be prepared to assist elderly persons who may have questions of a legal nature particularly where these are not within the scope of *The Legal Aid Act*;
 - (c) THAT community councils on aging maintain close liaison with Better Business Bureaus and, through the Office on Aging, the Consumers Protection Bureau of the Department of Financial and Commercial Affairs, reduce the number of frauds, quack promotion schemes and other criminal activities which deprive too many of the elderly of their life savings;

- (d) THAT community councils on aging maintain liaison with local labour and management groups and the Human Rights Commission of the Department of Labour with respect to age discrimination in employment practices;
 - (e) THAT community councils on aging co-operate with safety councils and leagues, the Department of Transport and medical associations, to conduct safety campaigns for older pedestrians, drivers and for elderly persons in their own homes; and
 - (f) THAT the Office of Aging, the Public Health Division of the Department of Health and local councils maintain close liaison with the Canadian Hearing Society, the Canadian National Institute for the Blind and similar organizations to develop a full-scale program of community services for the aged who are specifically handicapped, including ongoing surveys of needs in this area.
40. (a) THAT the Office on Aging, the Community Programs Branch of the Department of Education, the Home Economics Branch of the Department of Agriculture, and community councils on aging, work with adult education associations, university extension departments, public libraries, museums and similar centres, to extend opportunities for life-time learning and cultural interests; and
- (b) THAT these services be available to older people in the community at large and, with additional grants, to shut-ins.
41. (a) THAT a variety of day centres for the aged be developed throughout the Province providing day care, recreation activities, counselling, noon meals (at cost) and related services;
- (b) THAT capital grants under *The Elderly Persons Centres Act* be increased from 30 per cent to 50 per cent for the Provincial share, with the municipal share to remain at 20 per cent, leaving any voluntary sponsoring group to raise no more than 30 per cent;
- (c) THAT grants-in-aid under *The Elderly Persons Centres Act* be immediately made available for day to day operating and maintenance costs, including the salaries of trained local directors; and
- (d) THAT the Province not approve grants toward any centre until satisfied as to the program and its direction thus forestalling a bricks and mortar approach with neither long-range aims nor a true current community-spirit.

Senior Citizens

In order that all of our citizens might be reminded of the potentialities of old age and maturity, and of the year-round services offered by government and private agencies in this field, and of Senior Citizens themselves,

WE THEREFORE RECOMMEND :

42. THAT the Province permit and encourage municipalities officially to proclaim and recognize a *Senior Citizens Week* each year commencing with the third week in June, 1967.

Moreover the Select Committee would stress the personal and direct involvement of elderly persons' own organizations; for opportunities for the greater use of mature adults to assist other and perhaps older people to help themselves to a fuller life in the later years.

WE THEREFORE RECOMMEND :

43. THAT among the members of all advisory committees and local councils on aging, there be representation from senior citizens' clubs or similar organizations of elderly people.
44. (a) THAT in housing projects for elderly persons, homes for the aged and similar facilities there be a tenants' or residents' council elected by the resident population; and
(b) THAT such councils have responsibility for certain leisure time activities, the right to review and advise on policy and program, as well as to hear grievances and forward suggestions on behalf of all residents.

Appendix A

TERMS OF REFERENCE, LEGISLATIVE HISTORY
AND ACKNOWLEDGMENTS

On May 8, 1964, the following resolution was adopted by the Legislative Assembly: *Ordered*,

"That a Select Committee of this House be appointed to inquire into and review the problems inherent in the field of aging in Ontario which are of major concern to older citizens and to all of our people, having particular regard to the size, distribution and composition of the older population of the Province and the promotion, development and creation of opportunities for self-help to their own satisfaction and advantage as members of society as a whole, including preparation for retirement leisure and the benefit of educational opportunities in later life; and, without limiting the generality of the foregoing, to inquire into and review current policies which have a bearing on aging and the economy, involving employment, income-maintenance, and health measures, services and facilities of government and otherwise, including government-sponsored programs on housing, long-term care, and other related services; to conduct hearings for the purpose of receiving representations from organizations and individuals, particularly from those who work with older people, and to hold meetings to study the experience of others in the field of gerontology;

"To engage the necessary staff to provide study papers and research materials;

"And to that end, after due consideration, to make such recommendations as the Committee deems to be appropriate;

"And, That the Select Committee shall . . . have authority to sit during the interval between Sessions and have full power and authority to appoint or employ counsel and secretary and such other personnel as may be deemed advisable and to call for persons, papers and things and to examine witnesses under oath, and the Assembly doth command and compel attendance before the said Select Committee of such persons and the production of such papers and things as the Committee may deem necessary for any of its proceedings and deliberations, for which purpose the Honourable the Speaker may issue his Warrant or Warrants."¹

It was further provided that the Select Committee would consist of fourteen Members, as follows:

Mr. Alex Carruthers, M.P.P. (P.C., *Durham*), *Chairman*
 Mr. Gordon R. Carton, M.P.P. (P.C., *Armourdale*)
 Mr. Norm Davison, M.P.P. (N.D., *Hamilton East*)
 Mr. Edward A. Dunlop, B.A., O.B.E., G.M., M.P.P. (P.C., *Forest Hill*)
 Mr. J. Ralph Knox, B.A., M.P.P. (P.C., *Lambton West*)
 Mr. A. B. R. Lawrence, M.C., Q.C., M.P.P. (P.C., *Russell*)
 Mrs. Ada M. Pritchard, M.P.P. (P.C., *Hamilton Centre*)
 Mr. Horace S. Racine, M.P.P. (L., *Ottawa East*)
 Mr. W. E. Sandercock, M.P.P. (P.C., *Hastings West*)
 Mr. James B. Trotter, Q.C., M.P.P. (L., *Parkdale*)
 Mr. Osie F. Villeneuve, M.P.P. (P.C., *Glengarry*)
 Mr. Albert V. Walker, M.P.P. (P.C., *Oshawa*)
 Mr. Harry Worton, M.P.P. (L., *Wellington South*)
 Mr. Paul J. Yakabuski, M.P.P. (P.C., *Renfrew South*)

¹*Votes and Proceedings* of the Legislative Assembly of the Province of Ontario, No. 69, May 8, 1964. 2nd Session, 27th Parliament, Queen's Park, Toronto, Ontario. Pages 370-371.

The Members of the Committee tabled their *First Interim Report* on May 31, 1965.² Ten major conclusions were highlighted. The Honourable John P. Robarts, Q.C., Prime Minister of Ontario, seconded by the Honourable James N. Allan, the then Provincial Treasurer, moved that the Committee be reappointed and this was so ordered by the House on June 22, 1963.³

There was one change in Membership at that time when Mr. Carton was appointed to another Select Committee—on *The Corporations Act*. The new Member who has served since then, was:

Mr. Norris Whitney, M.P.P. (P.C., *Prince Edward-Lennox*)

A *Second Interim Report* was presented to the Legislative Assembly on June 29, 1966.⁴ That Report contained twenty-nine Recommendations.

In requesting reappointment for another and final term, the Members requested that their powers be as originally set forth but that their corresponding duties be enlarged to permit the Committee "to make or cause to be made studies of community activities on a regional basis in the field of aging". On reappointing the Committee on July 8, 1966, the House in effect acceded to this request.⁵

Mr. Lawrence Crawford, Director of the Ontario Office on Aging, and highly respected in the fields of social service and gerontology in Ontario and Canada since 1956, was responsible for organizing the Committee's activities, for the drafting of all *Reports*, and has served as the Committee's Consultant and Staff Director from 1964 to date. Miss C. McElroy acted as Assistant Secretary.

Committee Members must also express their appreciation to the many individual older men and women in this Province, the organizations, departments of government and interested persons from Ontario, and other Provinces and States, for their advice and support.

A full account of the Select Committee's work will be contained in the body of this final *Report*. For all persons who may be interested in further, more detailed investigations in the field of aging, all correspondence and background material, including complete transcripts (*Proceedings*) of the Select Committee's Hearings, will be presented to the Library of the Legislative Assembly and to the Department of Public Records and Archives for the Province of Ontario.

²Sessional Paper No. 82, pp. 33 and iii. *Legislature of Ontario Debates: Official Report*, No. 111, May 31, 1965. Third Session of the Twenty-seventh Legislature, Queen's Park, Toronto, Ontario. Pages 3397-3399.

³*Legislature of Ontario Debates: Official Report*, No. 143, June 22, 1965. Third Session of the Twenty-seventh Legislature, Queen's Park, Toronto, Ontario. Page 4501.

⁴Sessional Paper No. 82, pp. 46 and i. *Votes and Proceedings of the Legislative Assembly of the Province of Ontario*, No. 104, June 29, 1966. 4th Session, 27th Legislature, Queen's Park, Toronto, Ontario. Page 525. Discussion: *Debates: Official Report*, No. 164, July 5, 1966. Fourth Session of the Twenty-seventh Legislature, Queen's Park, Toronto, Ontario. Pages 5609-5616.

⁵*Legislature of Ontario Debates: Official Report*, No. 172, Fourth Session of the Twenty-seventh Legislature, Queen's Park, Toronto, Ontario. Page 5911.

Appendix B

BRIEFS PRESENTED

[This list includes only Briefs actually heard in Public Hearings at Queen's Park. Several witnesses appeared without presenting Briefs. *Proc.* — Official *Proceedings* of the Committee.]

Advisory Committee on Geriatric Studies, Dr. W. W. Priddle, Chairman, Department of Public Welfare. (*Proc.* 16/xii/64, page 303 ff.); Supplementary Submission, read by Dr. Chas. Harris. (*Proc.* 12/vii/65, page 1010 ff.)

Anglican Church of Canada. (*Proc.* 14/vii/65, page 1263 ff.)

Associated Nursing Homes Incorporated, Ontario. (*Proc.* 6/i/65, page 468 ff.)

Association of Women Electors of East York. (*Proc.* 12/vii/65, page 1061 ff.)

Baptist Convention of Ontario and Quebec. (*Proc.* 31/viii/65, page 1417 ff.)

Canadian Hearing Society. (*Proc.* 15/xii/64, page 193 ff.)

Canadian Highway Safety Council. (*Proc.* 12/vii/65, page 1079 ff.)

Canadian Mental Health Association, Ontario Division. (*Proc.* 13/vii/65, page 1107 ff.)

Canadian National Institute for the Blind. (*Proc.* 12/i/65, page 753 ff.)

Canadian Red Cross Society, Ontario Division. (*Proc.* 18/x/65, page 1777 ff.)

Canadian Schools of Practical Nursing. (*Proc.* 13/vii/65, page 1193 ff.)

Case, Alderman. City of Stratford. (*Proc.* 13/vii/65, page 1221 ff.)

Catholic Charities Council of Canada. (*Proc.* 30/xi/65, page 2281 ff.)

Crawford, L. Introduction to field of aging, demographic material, history, etc. (*Proc.* 14/vii/64, page 12 ff.)

Dale, Dr. B., M.O.H., Wellington County. (*Proc.* 14/xii/64, page 75 ff.)

Dental Research, Part relating to: Report of the White House Conference on Aging, January 9-12, 1961. U.S. Department of Health, Education, and Welfare. Washington 25, D.C. April, 1961. (*Proc.* 12/vii/65. Appendix I — I.)

Ethnic Groups, including presentations from Mr. Robert Kreem, Director of Services, International Institute of Metropolitan Toronto; Mr. Henry Weisbach, President, Central Organization of Studenten-German Clubs in North America; Mr. Y. Yamaga, Nipponia Home for Aged Japanese-Canadians; Mon Sheong Foundation, Chinese-Canadians, Board of Directors; Mrs. E. Pasternak, Ukrainian Home for the Aged; Miss M. Caponnetto, Italian Community; Mr. Walter Lyons, Jewish Home for the Aged; Mr. S. N. Asbury, Indian Affairs, Ontario Department of Public Welfare; Mr. C. Atkinson, Supervisor of Homes for the Aged, Ontario Department of Public Welfare; Women's Council of the Czechoslovak National Association of Canada—Toronto Branch, (Mrs. J. Petricek, letter). (*Proc.* 20/x/65, page 1953 ff.)

Grant, Dr. D. K. Medical Services, Ontario Hydro-Electric Power Commission. (*Proc.* 5/i/65, page 346 ff.)

- Health League of Canada, Gerontology Committee. (*Proc.* 15/xii/64, page 261 ff.)
- Home Care Program of Metropolitan Toronto. (*Proc.* 13/i/65, page 895 ff.)
- Hospital Services Commission of Ontario. (*Proc.* 7/i/65, page 528 ff.)
- Jewish Home for the Aged and Baycrest Hospital. (*Proc.* 13/i/65, page 921 ff.)
- Labour Council. Brampton & District. (*Proc.* 29/xi/65, page 2141 ff.)
- Labour Council. Hamilton & District. (*Proc.* 29/xi/65, page 2162 ff.)
- Lamoureux, Mr. R. J.—Retired Staff, for and on behalf of Welfare Dept. of United Steel Workers of America-Canada, and Chairman, Welfare Committee, United Senior Citizens of Ontario. (*Proc.* 92/xi/65, page 2226 ff.)
- Ontario Department of Health. (*Proc.* 30/viii/65, page 1311 ff.)
- Ontario Department of Public Welfare. (*Proc.* 15/xii/65, page 2418 ff.) (Also *Proc.* 14/xii/64, page 119 ff.; 15/xii/64, page 225 ff. and 273 ff.; 1/ix/65, page 1455 ff.)
- Ontario Department of Transport. (*Proc.* 1/xii/65, page 2302 ff.)
- Ontario Federation of Labour, C.L.C. (*Proc.* 13/ix/66, page 2502 ff.)
- Ontario Fire Marshal's Office, Department of the Attorney General. (*Proc.* 15/ix/66, page 2646 ff.)
- Ontario Funeral Service Association. (*Proc.* 30/xi/65, page 2244 ff.)
- Ontario Geriatrics Research Society. (*Proc.* 14/xii/64, page 12 ff.)
- Ontario Hospital Association. (*Proc.* 14/vii/65, page 1230 ff.)
- Ontario Housing Corporation. (*Proc.* 14/ix/66, page 2558 ff.)
- Ontario Medical Association, Section on Geriatrics. (*Proc.* 12/i/65, page 784 ff.)
- Ontario Osteopathic Association. (*Proc.* 12/i/65, page 819 ff.)
- Ontario Podiatry Association. (*Proc.* 5/i/65, page 434 ff.)
- Ontario Psychiatric Association. (*Proc.* 13/vii/65, page 1173 ff.)
- Ontario Public Health Association (Supporting Brief from School of Hygiene, U. of T.) (*Proc.* 11/i/65, page 607 ff.)
- Ontario Safety League. (*Proc.* 15/xii/64, page 238 ff.)
- Ontario Welfare Council, Nursing Home Study Committee. (*Proc.* 6/i/65, page 458 ff.; 18/x/65, page 1716 ff.)
- Ontario Welfare Council, Section on Aging. (*Proc.* 4/x/65, page 1543 ff.)
- Optometrical Association of Ontario. (*Proc.* 11/i/65, page 715 ff.)
- Presbyterian Church in Canada.
- Prescription Services, Inc. (*Proc.* 4/x/65, page 1489 ff.)
- Providence Villa and Hospital. (*Proc.* 7/i/65, page 582 ff.)
- Provincial Council of Women of Ontario. (*Proc.* 12/i/65, page 837 ff.)
- Quo Vadis School of Nursing. (*Proc.* 14/xii/64, page 46 ff.)
- Registered Nurses Association of Ontario, Middlesex Chapter. (*Proc.* 12/i/65, page 861 ff.)
- Retired Men's Club, Bedford Park United Church. (*Proc.* 14/xii/64, page 104 ff.)
- Royal College of Dental Surgeons of Ontario. (*Proc.* 12/vii/65, page 1019 ff.)
- Rumball, Rev. R., Evangelical Church of the Deaf. (*Proc.* 5/i/65, page 400 ff.)
- St. Christopher House. (See Social Planning Council of Metro. Toronto).
- School of Hygiene, University of Toronto. (*Proc.* 11/i/65, page 607 ff.)
- School of Social Work, University of Toronto. (*Proc.* 30/xi/65, page 2284 ff.)
- Scott, Dr. W. G. Retired, Special Placements, National Employment Service (Ontario Division). (*Proc.* 5/x/65, page 1674.)

- Sky, Mr. Bernard. Senior Citizens' Projects. (*Proc.* 22/xi/65, page 2094 ff.)
- Social Planning Council of Metropolitan Toronto, with joint appearances of
Visiting Homemakers Association and St. Christopher House. (*Proc.*
19/x/65, page 1850 ff.)
- Social Planning Council of Hamilton and District. (*Proc.* 22/xi/65, page 2041 ff.)
- Stevens, V. S., Ph.D. (*Proc.* 5/i/65, page 417 ff.)
- Toronto Memorial Society. (*Proc.* 13/xii/65, page 2340 ff.)
- United Church of Canada. (*Proc.* 15/xii/64, page 154 ff.; 5/x/65, page 1616 ff.)
- United Electrical, Radio and Machine Workers of America (UE). (*Proc.* 12/i/67,
page 2682 ff.)
- United Senior Citizens of Ontario Incorporated. (*Proc.* 21/vi/65, page 952 ff.)
- Victorian Order of Nurses, Ontario Division. (*Proc.* 11/i/65, page 664 ff.)
- Visiting Homemakers Project—City of Hamilton. (*Proc.* 13/xii/65, page
2384 ff.)
- Visiting Homemakers Project—Toronto. (See Social Planning Council of
Metro. Toronto.)
- Women's Sheltered Workshop. (*Proc.* 5/i/65, page 384 ff.)

Appendix C

SEPTEMBER, 1964 — DECEMBER, 1966

| MAJOR VISITS TO THE FOLLOWING FACILITIES AND MEETINGS FOR THE AGED | Province of Ontario | Other Provinces and States | Total | |
|---|---------------------------|-------------------------------------|-------|---|
| • Elderly Persons Clubs and Centres... | 23 | 8 | 31 | <div>INDEPENDENCE "well-aged"</div> <div>↓</div> |
| • Housing Projects (all types)..... | 7 | 18 | 25 | |
| • Temporary Shelters..... | 2 | 1 | 3 | |
| • Boarding and Foster Homes..... | 7 | .. | 7 | |
| • Meals-on-Wheels Services. | 1 | 1 | 2 | |
| • Community Health Clinics..... | 2 | 1 | 3 | <div>INCREASING Degree of Care Needs</div> <div>↓</div> |
| • Charitable Institutions (voluntary organizations providing mainly domiciliary care or sheltered accommodation with several having bed care sections or being adjacent to hospitals)..... | 15 | 6 | 21 | |
| • Homes for the Aged (publicly-owned and providing one to three types of care)..... | 17 | 4 | 21 | |
| • Proprietary Nursing Homes..... | 12 | 2 | 14 | |
| • Ontario Mental Hospitals..... | 4 | .. | 4 | |
| • Chronic Hospitals and Geriatric Centres..... | 3 | 3 | 6 | <div>DEPENDENCY "chronically-ill aged"</div> |
| • Acute Geriatric Ward in General (Teaching) Hospital— Toronto Western | 1 | .. | 1 | |
| • Ontario Geriatric Study Centre, Toronto; U. of S. Cal. Institute for Study of Retirement and Aging, Los Angeles..... | 1 | 1 | 2 | <div>RESEARCH</div> |
| • Other Committees; State Commissions; Conferences, Seminars, etc., on aging..... | 7 | 9 | 16 | <div>CO-ORDINATION, etc.</div> |
| • Public Meetings outside Queen's Park | 21 | 3 | 24 | |
| | 123 | 57 | 180 | |

Appendix D

SELECTED STATISTICS†

TABLE 1

AGE AND SEX STRUCTURE OF ONTARIO POPULATION 1901, 1931 AND 1961

| AGE — SEX | 1901 | | 1931 | | 1961 | |
|-------------------|----------------|--------------|----------------|--------------|----------------|--------------|
| | No.* | % | No.* | % | No.* | % |
| BOTH SEXES | | | | | | |
| Under 15..... | 685.2 | 31.4 | 959.0 | 28.0 | 2,007.7 | 32.2 |
| 15 to 29..... | 624.4 | 28.6 | 875.0 | 25.5 | 1,246.5 | 20.0 |
| 30 to 44..... | 425.9 | 19.5 | 727.6 | 21.2 | 1,326.4 | 21.3 |
| 45 to 64..... | 326.9 | 15.0 | 636.0 | 18.5 | 1,147.4 | 18.4 |
| 65 and Over..... | 120.6 | 5.5 | 234.7 | 6.8 | 508.1 | 8.1 |
| Total..... | 2,183.0 | 100.0 | 3,431.7 | 100.0 | 6,236.1 | 100.0 |
| MALE | | | | | | |
| Under 15..... | 347.5 | 31.7 | 486.6 | 27.8 | 1,028.5 | 32.8 |
| 15 to 29..... | 306.8 | 27.9 | 447.0 | 25.6 | 627.0 | 20.0 |
| 30 to 44..... | 212.9 | 19.5 | 372.6 | 21.3 | 666.6 | 21.3 |
| 45 to 64..... | 166.6 | 15.2 | 327.7 | 18.7 | 580.6 | 18.5 |
| 65 and Over..... | 62.8 | 5.7 | 114.9 | 6.6 | 231.8 | 7.4 |
| Total..... | 1,096.6 | 100.0 | 1,748.8 | 100.0 | 3,134.5 | 100.0 |
| FEMALE | | | | | | |
| Under 15..... | 337.7 | 31.1 | 427.4 | 28.1 | 979.3 | 31.6 |
| 15 to 29..... | 317.6 | 29.2 | 428.0 | 25.4 | 619.5 | 20.0 |
| 30 to 44..... | 213.0 | 19.6 | 355.0 | 21.1 | 659.7 | 21.2 |
| 45 to 64..... | 160.2 | 14.8 | 308.2 | 18.3 | 566.8 | 18.3 |
| 65 and Over..... | 57.8 | 5.3 | 119.2 | 7.1 | 276.3 | 8.9 |
| Total..... | 1,086.3 | 100.0 | 1,682.8 | 100.0 | 3,101.6 | 100.0 |

*In Thousands.

†Tables 1 to 5 based on raw data from DBS Census of Canada, 1961, and published in *Growth of the Older Population of Ontario*, by Lawrence Crawford. Select Committee Background Paper No. 2-A. 16 pp. Toronto, July, 1964.

TABLE 2

CHANGES IN FIVE-YEAR AGE GROUPS AND THEIR PROPORTIONATE
DISTRIBUTION, ONTARIO POPULATION, 1901 TO 1961

| AGE GROUPS (Years) | Number* | | PERCENTAGE DISTRIBUTION — 'D' | | |
|-----------------------|---------|---------|-------------------------------|-------|------------------------------|
| | | | 1901 | 1961 | % Change in 'D' 1901-1961 |
| Under 5..... | 224.8 | 740.2 | 10.3 | 11.9 | +15.5 |
| 5 to 9..... | 230.6 | 674.5 | 10.6 | 10.8 | + 1.9 |
| 10 to 14..... | 229.9 | 593.0 | 10.5 | 9.5 | - 1.0 |
| 15 to 19..... | 229.8 | 436.9 | 10.5 | 7.0 | -33.3 |
| 20 to 24..... | 216.0 | 387.0 | 9.9 | 6.2 | -37.4 |
| 25 to 29..... | 178.6 | 422.7 | 8.2 | 6.8 | -17.1 |
| 30 to 34..... | 154.9 | 459.8 | 7.1 | 7.4 | + 4.2 |
| 35 to 39..... | 144.0 | 469.3 | 6.6 | 7.5 | +13.6 |
| 40 to 44..... | 127.1 | 397.3 | 5.8 | 6.4 | +10.3 |
| 45 to 49..... | 104.4 | 360.8 | 4.8 | 5.8 | +20.8 |
| 50 to 54..... | 89.1 | 309.8 | 4.1 | 5.0 | +22.0 |
| 55 to 59..... | 70.6 | 258.3 | 3.2 | 4.1 | +28.1 |
| 60 to 64..... | 62.7 | 218.5 | 2.9 | 3.5 | +20.7 |
| 65 to 69..... | 47.3 | 180.1 | 2.2 | 2.8 | +27.3 |
| 70 to 74..... | 34.7 | 146.3 | 1.5 | 2.3 | +53.3 |
| 75 to 79..... | 21.3 | 97.7 | 1.0 | 1.6 | +60.0 |
| 80 to 84..... | 11.6 | 53.5 | .5 | .9 | +80.0 |
| 85 and Over..... | 5.7 | 30.5 | .3 | .5 | +66.6 |
| Total..... | 2,183.1 | 6,236.2 | 100.0 | 100.0 | |
| Under 20..... | 915.1 | 2,444.6 | 41.9 | 39.2 | - 6.4 |
| 20 to 44..... | 820.6 | 2,136.1 | 37.6 | 34.3 | - 8.8 |
| 45 to 64..... | 326.8 | 1,147.4 | 15.0 | 18.4 | +22.7 |
| 65 and Over..... | 183.3 | 726.6 | 8.4 | 11.6 | +38.1 |
| 65 and Over..... | 120.6 | 508.1 | 5.5 | 8.1 | +49.1 |
| 70 and Over..... | 73.3 | 328.0 | 3.3 | 5.3 | +60.6 |

*In Thousands.

TABLE 3
CHANGES IN AGE GROUPS, ONTARIO POPULATION, 1951-1961

| AGE GROUP | Number* | | INCREASE | |
|------------------|---------|---------|------------|------|
| | 1951 | 1961 | Numerical* | % |
| Under 20..... | 1,555.0 | 2,444.6 | 889.6 | 57.2 |
| 20 to 44..... | 1,733.8 | 2,136.0 | 402.2 | 23.2 |
| 45 to 64..... | 908.4 | 1,147.4 | 239.0 | 26.3 |
| 65 and Over..... | 400.3 | 508.1 | 107.8 | 26.9 |
| Total..... | 4,597.5 | 6,236.1 | 1,638.6 | 35.6 |
| 60 and Over..... | 582.9 | 726.6 | 143.7 | 24.7 |
| 70 and Over..... | 245.3 | 328.0 | 82.7 | 33.7 |

*In Thousands.

TABLE 4
ONTARIO — NUMBER AND PERCENTAGE OF PERSONS OVER SPECIFIED AGES,
BY SEX, WITH COMPARISONS FOR CANADA, 1961

| AGE GROUPS | ONTARIO | | | | | | | CANADA | |
|-------------|-----------|-------|---------|-------|--------|---------|--------|-------------------------|-----------------------|
| | Total | | | Males | | Females | | Ontario as % of → | Canada Total %↓ |
| | No. | %↓ | %→ | %↓ | %→ | %↓ | %→ | | |
| All Ages | 6,236,092 | 100.0 | (100.0) | 100.0 | (50.3) | 100.0 | (49.7) | 34.2 | 100.0 |
| 55 and Over | 984,911 | 15.8 | (100.0) | 15.0 | (47.8) | 16.6 | (52.2) | 36.7 | 14.7 |
| 60 and Over | 726,584 | 11.7 | (100.0) | 10.8 | (46.7) | 12.5 | (53.3) | 36.8 | 10.8 |
| 65 and Over | 508,073 | 8.1 | (100.0) | 7.4 | (45.6) | 8.9 | (54.4) | 36.5 | 7.6 |
| 70 and Over | 328,010 | 5.3 | (100.0) | 4.7 | (44.5) | 5.9 | (55.5) | 36.3 | 5.0 |
| 80 and Over | 83,954 | 1.4 | (100.0) | 1.1 | (41.5) | 1.6 | (58.5) | 36.9 | 1.3 |
| 90 and Over | 7,870 | .1 | (100.0) | .1 | (36.7) | .2 | (63.3) | 39.3 | .1 |

TABLE 5

ONTARIO COUNTIES AND DISTRICTS SHOWING NUMBERS AND PERCENTAGES OF PERSONS, AND RANK ORDER, FOR POPULATION AGED 65 YEARS AND OVER, 1961

| County/District | 65+ | | Rank | County/District | % 65+ |
|----------------------|---------|-------|------|----------------------|-------|
| | No. | % | | | |
| PROVINCE | 508,073 | 8.1 | | | |
| Algoma | 5,424 | 4.87 | 1 | Victoria | 13.6 |
| Brant | 8,142 | 9.71 | 2 | Bruce | 12.9 |
| Bruce | 5,529 | 12.85 | 3 | Grey | 12.5 |
| Carleton | 25,385 | 7.19 | 4 | Dufferin | 12.1 |
| Cochrane | 4,671 | 4.88 | 5 | Muskoka | 12.0 |
| Dufferin | 1,953 | 12.13 | 6 | Perth | 11.8 |
| Dundas | 1,939 | 11.30 | 7 | Lanark | 11.7 |
| Durham | 3,865 | 9.68 | 8 | Elgin | 11.6 |
| Elgin | 7,314 | 11.64 | 9 | Northumberland | 11.5 |
| Essex | 22,118 | 8.57 | 10 | Huron | 11.4 |
| Frontenac | 7,010 | 8.01 | 11 | Dundas | 11.3 |
| Glengarry | 2,166 | 11.27 | 12 | Glengarry | 11.3 |
| Grenville | 2,379 | 10.41 | 13 | Leeds | 11.1 |
| Grey | 7,778 | 12.54 | 14 | Haldimand | 10.8 |
| Haldimand | 3,046 | 10.80 | 15 | Prince Edward | 10.7 |
| Haliburton | 839 | 9.40 | 16 | Grenville | 10.4 |
| Halton | 5,778 | 5.40 | 17 | Lennox and Addington | 10.3 |
| Hastings | 7,579 | 8.12 | 18 | Parry Sound | 10.1 |
| Huron | 6,159 | 11.45 | 19 | Oxford | 10.1 |
| Kenora | 2,863 | 5.56 | 20 | Wellington | 10.0 |
| Kent | 8,199 | 9.17 | 21 | Manitoulin | 9.9 |
| Lambton | 8,061 | 7.89 | 22 | Brant | 9.7 |
| Lanark | 4,719 | 11.71 | 23 | Durham | 9.7 |
| Leeds | 5,196 | 11.08 | 24 | Haliburton | 9.4 |
| Lennox and Addington | 2,453 | 10.34 | 25 | Simcoe | 9.3 |
| Lincoln | 10,391 | 8.20 | 26 | Kent | 9.2 |
| Manitoulin | 1,111 | 9.94 | 27 | Peterborough | 9.0 |
| Middlesex | 19,983 | 9.02 | 28 | Middlesex | 9.0 |
| Muskoka | 3,216 | 12.04 | 29 | Norfolk | 8.7 |
| Nipissing | 4,360 | 6.18 | 30 | Essex | 8.6 |
| Norfolk | 4,365 | 8.65 | 31 | Prescott | 8.3 |
| Northumberland | 4,809 | 11.48 | 32 | Lincoln | 8.2 |
| Ontario | 10,249 | 7.54 | 33 | Hastings | 8.1 |
| Oxford | 7,087 | 10.05 | 34 | Wentworth | 8.1 |
| Parry Sound | 2,992 | 10.10 | 35 | York | 8.1 |
| Peel | 6,220 | 5.57 | 36 | Frontenac | 8.0 |
| Perth | 6,754 | 11.76 | 37 | Russell | 7.9 |
| Peterborough | 6,902 | 9.04 | 38 | Lambton | 7.9 |
| Prescott | 2,272 | 8.34 | 39 | Waterloo | 7.8 |
| Prince Edward | 2,255 | 10.68 | 40 | Welland | 7.6 |
| Rainy River | 1,913 | 7.21 | 41 | Ontario | 7.5 |
| Renfrew | 6,418 | 7.16 | 42 | Stormont | 7.2 |
| Russell | 1,651 | 7.90 | 43 | Rainy River | 7.2 |
| Simcoe | 13,133 | 9.30 | 44 | Carleton | 7.2 |
| Stormont | 4,179 | 7.22 | 45 | Renfrew | 7.2 |
| Sudbury | 6,082 | 3.67 | 46 | Timiskaming | 6.9 |
| Thunder Bay | 9,241 | 6.67 | 47 | Thunder Bay | 6.7 |
| Timiskaming | 3,539 | 6.94 | 48 | Nipissing | 6.2 |
| Victoria | 4,039 | 13.58 | 49 | Kenora | 5.6 |
| Waterloo | 13,806 | 7.81 | 50 | Peel | 5.6 |
| Welland | 12,526 | 7.60 | 51 | Halton | 5.4 |
| Wellington | 8,502 | 10.04 | 52 | Cochrane | 4.9 |
| Wentworth | 29,073 | 8.10 | 53 | Algoma | 4.9 |
| York | 140,440 | 8.10 | 54 | Sudbury | 3.7 |

TABLE 6*
INDEX OF AGING OF ONTARIO POPULATION BY
ECONOMIC REGIONS AND COUNTIES, 1961

| Regions and Counties | Working Age Population† as a Percentage of Total Population | Index of Aging‡ |
|-----------------------------------|--|--------------------|
| EASTERN ONTARIO | | |
| A — Ottawa Valley: | | |
| Carleton..... | 60.6 | 22.4 |
| Lanark..... | 56.0 | 36.2 |
| Prescott..... | 54.7 | 22.6 |
| Renfrew..... | 55.8 | 19.3 |
| Russell..... | 52.1 | 19.8 |
| Sub-Total..... | 58.8 | 22.7 |
| B — Upper St. Lawrence: | | |
| Dundas..... | 56.0 | 34.6 |
| Frontenac..... | 60.3 | 25.3 |
| Glengarry..... | 53.2 | 31.7 |
| Grenville..... | 57.2 | 32.1 |
| Leeds..... | 58.9 | 37.0 |
| Stormont..... | 56.4 | 19.8 |
| Sub-Total..... | 58.0 | 27.7 |
| TOTAL—EASTERN ONTARIO..... | 58.6 | 24.3 |
| LAKE ONTARIO | | |
| Durham..... | 56.0 | 28.2 |
| Haliburton..... | 57.2 | 28.1 |
| Hastings..... | 56.8 | 23.1 |
| Lennox and Addington..... | 55.2 | 30.0 |
| Northumberland..... | 55.6 | 34.9 |
| Peterborough..... | 57.0 | 26.6 |
| Prince Edward..... | 55.4 | 31.5 |
| Victoria..... | 56.2 | 44.9 |
| TOTAL—LAKE ONTARIO..... | 56.4 | 28.9 |
| METROPOLITAN | | |
| Halton..... | 57.6 | 14.6 |
| Ontario..... | 58.3 | 22.0 |
| Peel..... | 58.8 | 15.6 |
| York..... | 63.4 | 28.5 |
| TOTAL—METROPOLITAN..... | 62.6 | 26.3 |
| NIAGARA | | |
| A — Burlington: | | |
| Brant..... | 61.8 | 20.5 |
| Wentworth..... | 60.6 | 25.9 |
| Sub-Total..... | 60.8 | 24.9 |
| B — Niagara: | | |
| Haldimand..... | 55.9 | 32.4 |
| Lincoln..... | 59.3 | 25.2 |
| Welland..... | 59.2 | 22.9 |
| Sub-Total..... | 58.9 | 24.7 |
| TOTAL—NIAGARA..... | 60.1 | 24.8 |

TABLE 6 — Continued

INDEX OF AGING OF ONTARIO POPULATION BY
ECONOMIC REGIONS AND COUNTIES, 1961

| Regions and Counties | Working Age Population† as a Percentage of Total Population | Index of Aging‡ |
|------------------------------|--|--------------------|
| LAKE ERIE | | |
| Elgin..... | 58.9 | 39.5 |
| Middlesex..... | 59.8 | 28.9 |
| Norfolk..... | 59.2 | 26.9 |
| Oxford..... | 58.1 | 31.6 |
| TOTAL—LAKE ERIE..... | 59.3 | 30.7 |
| LAKE ST. CLAIR | | |
| A — Border: | | |
| Essex..... | 58.3 | 25.8 |
| Kent..... | 57.6 | 27.6 |
| Sub-Total..... | 58.1 | 26.3 |
| B — Lambton: | | |
| Lambton..... | 57.3 | 22.7 |
| Sub-Total..... | 57.3 | 22.7 |
| TOTAL—LAKE ST. CLAIR..... | 57.9 | 25.4 |
| UPPER GRAND RIVER | | |
| Huron..... | 55.8 | 34.9 |
| Perth..... | 56.9 | 37.5 |
| Waterloo..... | 59.8 | 24.1 |
| Wellington..... | 57.6 | 31.0 |
| TOTAL—UPPER GRAND RIVER..... | 58.3 | 29.3 |
| GEORGIAN BAY | | |
| A — Blue Water: | | |
| Bruce..... | 54.8 | 39.6 |
| Dufferin..... | 56.5 | 38.6 |
| Grey..... | 56.7 | 40.7 |
| Simcoe..... | 56.3 | 27.1 |
| Sub-Total..... | 56.2 | 32.8 |
| B — Highlands: | | |
| Muskoka..... | 56.7 | 38.5 |
| Parry Sound..... | 55.9 | 29.7 |
| Sub-Total..... | 56.2 | 33.7 |
| TOTAL—GEORGIAN BAY..... | 56.2 | 32.9 |
| NORTHEASTERN ONTARIO | | |
| A — Clay Belt: | | |
| Cochrane..... | 57.2 | 12.9 |
| Nipissing..... | 55.9 | 16.3 |
| Timiskaming..... | 56.8 | 19.1 |
| Sub-Total..... | 56.6 | 15.4 |
| B — Nickel Range: | | |
| Manitoulin..... | 53.5 | 27.1 |
| Sudbury..... | 57.7 | 9.5 |
| Sub-Total..... | 57.5 | 10.6 |

TABLE 6 — Continued
INDEX OF AGING OF ONTARIO POPULATION BY
ECONOMIC REGIONS AND COUNTIES, 1961

| Regions and Counties | Working Age Population† as a Percentage of Total Population | Index of Aging‡ |
|--|--|--------------------|
| NORTHEASTERN ONTARIO—Cont. | | |
| C — Sault: | | |
| Algoma..... | 57.6 | 13.0 |
| Sub-Total..... | 57.6 | 13.0 |
| TOTAL—NORTHEASTERN ONTARIO.. | 57.1 | 13.2 |
| LAKEHEAD—NORTHWESTERN ONTARIO | | |
| Kenora..... | 57.3 | 15.0 |
| Rainy River..... | 54.5 | 18.8 |
| Thunder Bay..... | 59.4 | 19.7 |
| TOTAL—NORTHWESTERN ONTARIO.. | 58.3 | 18.4 |
| GRAND TOTAL—ONTARIO..... | 59.7 | 25.2 |
| 1964 ESTIMATES AND COMPARISONS: | | |
| Ontario..... | 59.6 | 25.4 |
| Canada..... | 58.7 | 22.7 |
| U.S.A..... | 59.8 | 30.1 |
| United Kingdom..... | 63.8 | 51.2 |
| France..... | 62.0 | 45.0 |
| U.S.S.R..... | 61.4 | 19.6 |
| Sweden..... | 66.3 | 56.3 |
| New Zealand..... | 58.7 | 25.5 |

†15-64 year age group;

‡Index of aging represents the 65 and over age group as a percentage of the 0-14 year age group. Other indices or ratios of demographic aging may also be used; e.g., 65 and over age group as percentage of a population aged 15-64.

Appendix E

Following is the text of a brochure issued by the Section on Aging, Ontario Welfare Council. Select Committee Members felt this outline would be of interest to readers of the Final Recommendations. It describes current programs and services: Federal, Provincial, municipal and voluntary. Dollar amounts, eligibility requirements, addresses of organizations, *etc.*, are accurate as of January 1, 1967.

We are grateful to the OWC Section on Aging for permission to reprint the pamphlet in this Appendix.

A GUIDE TO SERVICES FOR OLDER PEOPLE IN ONTARIO

FINANCIAL

A. Old Age Security

"Under the Old Age Security Act the Federal Government pays a pension to persons reaching a certain age and meeting residence requirements. The required age is being reduced each year until it reaches 65 in 1970. It is not necessary to be a Canadian citizen but the applicant must have spent ten years in Canada immediately preceding application or 40 years since age 19 if not in Canada at the time of applying. If the pensioner has had 25 years' residence in Canada since age 21 he may receive the pension outside the country indefinitely. Otherwise he loses it if away more than six months.

"Applications must be made several months in advance of the relevant birthday to the Regional Director of Welfare, Department of National Health and Welfare, 25 St. Clair Ave. East, Toronto.

"The base amount is \$75 a month and new legislation provides for paying whatever additional sum is necessary to bring the annual income to \$1,260. Application forms for this supplement are mailed to all pensioners.

B. Canada Pension Plan

"This Plan, introduced January 1, 1966 and based on contributions from earnings, will provide retirement pensions (in addition to Old Age Security), disability pensions and benefits for widows and orphans of contributors. The last two are available only after three years' contributions. Persons 68 years or older retiring in 1967 may apply for retirement pensions but amounts will be small.

NOTE: In this brochure Department of Public Welfare means the Ontario Department of Public Welfare, Parliament Buildings, Toronto. The "local welfare office" means the welfare office or department operated by the municipality (county, city, town or township) of residence. If in doubt as to location write to General Welfare Assistance Branch, Department of Public Welfare.

They will increase year by year and retirement age will be lowered to 65 by 1970. Offices are being set up all over Ontario but enquiries may be directed to District Manager, Canada Pension Plan, Department of National Health and Welfare, 25 St. Clair Avenue East, Toronto 7.

C. Family Benefits Act (Ontario)

"Under this Act financial help will be given on a needs test basis (the recipient's means augmented to cover his needs) to various categories including persons:

- (a) Sixty-five years of age and not in receipt of Old Age Security.
- (b) Sixty years of age, a widow, unmarried woman or woman whose husband is, for various reasons (prison, institution, etc.) unable to support her.
- (c) Under sixty-five, blind or otherwise disabled and not in receipt of pension.

"Administered through the Regional Offices of the Department of Public Welfare, located at: Alexandria, Barrie, Belleville, Chatham, Fort Frances, Hamilton, Kingston, Kirkland Lake, Kitchener, Lindsay, London, North Bay, Ottawa, Port Arthur, Sault Ste. Marie, Sudbury, Toronto and Wingham, or enquire of Welfare Allowances Branch, Department of Public Welfare.

D. War Veterans' Allowance

"Veterans living in Canada who have served in a theatre of war and widows and orphans of such veterans may be eligible for allowances. Ages are set at over 60 for males and over 55 for females—or under these ages if permanently incapable of self-support. Allowances of \$94 monthly and up according to status are granted providing the recipient's annual incomes with the allowance do not exceed the maximums allowed.

"Applications should be made to the District Office, Department of Veterans' Affairs, located at Hamilton, London, North Bay, Ottawa and Toronto, with sub-offices at Kingston, Port Arthur and Windsor, or enquire of Department of Veterans' Affairs, Ottawa.

E. General Welfare Assistance

"For emergency help, for persons not covered by any of the above categories, and for supplementary assistance to pensions, etc., application should be made to the local welfare office.

A PLACE TO LIVE

A. Independent Accommodation

"1. Several Ontario centres have low-cost housing projects for older persons. Enquire of local council, housing authority or Ontario Housing Corp., 188 University Avenue, Toronto 1.

"2. When need for low cost or subsidized housing for older people is felt in a community the municipal council may be approached to ask the Ontario Housing Corporation for a survey of need and

demand. If the O.H.C. recommends a project and the municipality approves, the Corporation takes complete charge of the building, financed 90 per cent through the Central Mortgage and Housing Corporation (*National Housing Act*) and 10 per cent from the Province. Unless there is a local housing authority, the O.H.C. also manages the project. Operating losses are shared between the Federal and Provincial Governments, the municipality contributing to the extent of a low fixed tax.

"3. If a service club, church or other group wishes to undertake a housing project for senior citizens it must form a housing company, contribute 10 per cent of the capital, and manage the project. The Central Mortgage and Housing Corporation finances the 90 per cent (also under NHA), approves the plans and sets the rents at a non-profit level. Detailed information is available at any CMHC office. Ontario regional office is at 650 Lawrence Ave. West, Toronto.

B. Residential Care

"1. Homes for the Aged. Elderly persons no longer able to manage at home may find accommodation in one of the 62 homes operated by charitable or religious institutions or in a municipally operated Home for the Aged.

"The former are administered by their own boards of directors with the Province subsidizing building costs and operating costs not met by income from residents (*Charitable Institutions Act*). All give some nursing care but not all offer special (senile) or bed care. A list of homes may be obtained from the Department of Public Welfare and application is made directly to the institutions.

"Under the *Homes for the Aged and Rest Homes Act* municipalities (counties, cities, etc.) must provide Homes for the Aged, with contribution from the Province for building and operating. They are intended for any residents, over 60, unable to care for themselves. Persons with means or pensions pay all or part of the cost of care. There are approximately 60 Homes, many new or renovated, and staff are trained to encourage interests and activity.

"Municipalities may also provide 'special home care' whereby persons eligible for Homes for the Aged are placed, instead, as boarders in private homes.

"2. Rest Homes. Under the above Act municipalities may establish and operate 'rest homes' in units of 30 beds or multiples of 30, to give long-term nursing care, primarily for older persons needing nursing but not hospital care or treatment.

"The Homes for the Aged Branch of the Department of Public Welfare administers the Act but admissions are arranged through local welfare offices.

"3. Nursing Home Care. Privately operated nursing homes, ranging from converted houses with a few residents to large commercial operations, accommodate many old people needing nursing care but not eligible for admission to hospitals. Care for persons without means may be financed by the municipality, reimbursed

up to 80 per cent by the Province, arrangements being made by the local welfare department. All nursing homes must be licensed under the Ontario Department of Health, and inspected by local health officials (*Nursing Homes Act, 1966*). A list of homes may be obtained from local Medical Officers of Health or from the Chronic Care Branch, Department of Health, Toronto.

HEALTH SERVICES

A. Ontario Medical Services Insurance Plan

"Under the related Acts this insurance covers most medical care and all residents of Ontario are eligible to enrol. Premiums are set by regulations and are not affected by age or health conditions. Persons receiving General Welfare Assistance or assistance under the Family Benefits Act are automatically covered. The Province pays the whole premium for those with incomes too low to be taxable and part for a class with low taxable incomes. The former class includes those on Old Age Security without other means and application forms for this benefit may be secured at local or Regional Welfare Offices or the Department of Public Welfare. General enquiries about OMSIP go to 135 St. Clair Ave. West, Toronto.

B. Ontario Hospital Insurance Plan

"Individuals or groups may enrol for insurance covering as many days as are medically necessary in active treatment, convalescent or chronic hospitals. Free coverage is extended as above to those receiving welfare assistance through municipalities or the Department of Public Welfare. OAS pensioners without means are also eligible. (See procedure above.)

"The plan is administered by the Ontario Hospital Services Commission, 2195 Yonge Street, Toronto 7.

C. Services in the Home

"Local health units employ one or more public health nurses who are of special service to old people. A nurse will call on request and will assess the needs of the older person and the family. She does not usually give direct nursing care but acts as a referral for medical and welfare services in the community. Call local Board of Health.

"For nursing service on a visiting basis the Victorian Order of Nurses with branches in 52 Ontario centres may be called. Its staff are especially trained to assist with total rehabilitation of a patient and charges are based on actual cost, adjusted according to ability to pay. The St. Elizabeth Nurses, a Catholic visiting nurse organization, operates in Metropolitan Toronto and Hamilton. The services of a Visiting Homemaker are also available in many centres. Under the *Homemakers and Nurses Services Act*, the Province subsidizes the municipality in providing both services to those not able to pay. Apply to local welfare department or the agency supplying the services.

"Organized Home Care Plans have been developed in a few places, providing the services of doctor, visiting nurse, homemaker and others, such as physiotherapist, to enable patients to leave hospital earlier than they could otherwise, or to avoid entering hospital. In the former case the services are covered by Ontario Hospital Insurance. Enquire of local Board of Health.

D. Mental Health Services

"The Mental Health Branch of the Ontario Department of Health operates twelve regional hospitals and four specialized hospitals for the mentally ill as well as assisting general hospitals to provide psychiatric services. Many of these hospitals operate clinics and give diagnostic services and four areas are served by travelling mental health clinics. Out-patient and day care services are provided by an increasing number of general hospitals. For location of nearest resources write to the Mental Health Branch, Ontario Department of Health, Parliament Buildings, Toronto.

E. Rehabilitation

"Medical and physical rehabilitation treatment is available in several hospitals for the chronically ill and convalescent hospitals. Treatments such as physiotherapy may be received on out-patient basis under the OHSC coverage on referral by a physician. The Vocational Rehabilitation Services Branch of the Department of Public Welfare operates a comprehensive rehabilitation service, but older people are not eligible unless there is a substantial prospect of return to employment.

F. Voluntary Health Organizations

"Help in the form of services and materials may be obtained from a number of specialized voluntary organizations. If no local branches write to Ontario headquarters: Canadian Mental Health, 32 Berwick Ave., Toronto 7; Canadian Arthritis and Rheumatism Society, 60 Overlea Blvd., Toronto 17; Canadian Hearing Society, 60 Bedford Rd., Toronto 5; Canadian National Institute for the Blind, 1929 Bayview Ave., Toronto 17; Ontario Tuberculosis Association, 157 Willowdale Ave., Willowdale; Canadian Cancer Society, 204 Eglinton Ave. East, Toronto 12.

COUNSELLING

A. General

"Counselling on family and individual problems of aging may be found at family service agencies located in twenty Ontario cities, some of them specializing in this field. Clergymen, bank managers, physicians and public health nurses, are other sources of advice. Social Planning Councils in some cities have helpful information services. Better Business Bureaus in most centres may be consulted re financial transactions and a Consumer Protection Bureau has been set up in the Department of the Attorney General, Queen's Park, Toronto.

B. Legal

"Advice of a lawyer should be obtained in property arrangements, power of attorney, etc. The new *Legal Aid Act* (Ontario) provides that such services may be supplied under Legal Aid for those not able to pay. The plan is to be administered by the Law Society of Upper Canada. Application should be made to the area Director of Legal Aid. If name not available locally write to Director of Legal Aid, Department of Attorney General, Parliament Buildings, Toronto.

C. Employment

"1. Canada Manpower Centres attempt to have personnel especially trained in offering counselling to the older worker and dealing with his employment problems. There are 81 offices in Ontario.

"2. According to the *Age Discrimination Act*, 1966, refusal on the part of an employer to employ, continue to employ or to promote, an employee because of age (interpreted as meaning between 40 and 65) is an offence. Complaints should be directed to Ontario Human Rights Commission, 1260 Bay Street, Toronto.

D. Retirement

"Pre-retirement counselling is offered by a number of large corporations and unions and extension courses have been offered at some universities. Most extension departments will offer courses if assured of an interested group.

LEISURE TIME ACTIVITIES

A. Recreation Centres

"A municipality may obtain help in building and operating a recreation centre for the elderly from the Province under: The *Community Centres Act* (Department of Agriculture), *Elderly Persons Centres Act* (Department of Public Welfare), or *Department of Education Act* (re Recreation Committees). At least twelve municipalities operate such centres or provide facilities for club activities.

"United Appeals help finance full-time social centres in Ottawa, Toronto and Windsor. Senior citizens' clubs operate several full or part-time drop-in centres as do a number of churches.

B. Senior Citizens Clubs

"There are at least 600 clubs for senior citizens in the Province. Many are sponsored by churches, fraternal organizations, Red Cross, recreation centres, etc. Most conduct their own programs. A comprehensive list may be secured from the Community Programs Division, Department of Education, 559 Jarvis Street, Toronto. A large proportion of these clubs are affiliated with the United Senior Citizens of Ontario. For list write Mr. J. S. Rose, Corresponding Secretary, 390 Kane Ave., Toronto 15.

EDUCATION

"1. Adult education is a function of the Department of Education. Most secondary schools offer night classes and university extension departments offer varied courses which are open to older people. Churches, synagogues and other community agencies also conduct discussion groups or give courses.

"2. Leadership training. The Community Programs Division, Ontario Department of Education, with thirteen regional offices is particularly concerned with this subject. It offers training courses for leaders in work with older people and assists in setting up interest groups in the club or centre. Headquarters are at 559 Jarvis Street, Toronto.

"Service for Seniors, Ontario Division, Canadian Red Cross Society, 460 Jarvis Street, Toronto, gives assistance in setting up a number of services for older people such as friendly visiting, meals on wheels, crafts on wheels.

RESEARCH

"The Office on Aging, in the Department of Public Welfare, was established by the Ontario Government in 1966. It maintains close liaison with the Section on Aging as well as other interested organizations. One of its prime responsibilities is research and planning related to improved services for the aged. The Office acts as secretariat to the present (1964-1967) Legislative Assembly Select Committee and will also serve the Province's Interdepartmental Advisory Committee on Aging.

"The Section on Aging, OWC, also undertakes studies in the field of aging."

"It is hoped that agencies distributing this guide will add enclosure sheets listing local resources. More detailed information obtainable from:

Ontario Welfare Council,
22 Davisville Avenue,
Toronto 7."

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